



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

Division of Program Compliance – Audits Branch
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November 24, 2009

Michael Oprendeck, Director
Solano County Health and Social Services
275 Beck Avenue, MS 5-250
Fairfield, CA 94533-6804

Dear Mr. Oprendeck:

AUDIT REPORT – SOLANO COUNTY MENTAL HEALTH SERVICES

We have examined the Short-Doyle/Medi-Cal Cost Reporting and Data Collection (CR/DC) report of Solano County for the fiscal period July 1, 2004 to June 30, 2005. Our examination was made in accordance with Section 14170 of the Welfare and Institutions Code and included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the amount shown in the accompanying Summary of Net Federal Share of Federal Short-Doyle/Medi-Cal Program Costs and State General Fund under EPSDT program (Schedule 1) represents the actual net program costs allowable under the above mentioned statutes.

The effect of this revised allowable program costs is as follows:

Net Program Costs					
		<u>Settled</u>		<u>Allowed</u>	<u>Adjustment</u>
Federal Share of Short-Doyle/Medi-Cal	\$	9,306,790	\$	9,193,713	\$ (113,077)
Federal Share of Healthy Families/Medi-Cal	\$	199,901	\$	197,976	\$ (1,925)
State General Funds EPSDT Due State	\$	3,616,038	\$	3,639,573	\$ 23,535

If you disagree with any of the results of this audit, you may request an informal appeal conference.

Michael Oprendeck, Director
November 24, 2009
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This request must be in writing and received by the Department of Health Care Services within sixty (60) calendar days following the date of receipt of this report. Your notice of disagreement should be directed to John Melton, Acting Chief, Administrative Appeals, Office of Legal Services, Department of Health Care Services, 1029 J Street, Suite 200, Sacramento, California 95814, and be in conformance with provisions of Sections 51016 and sequence, Title 22, of the California Code of Regulations.

Sincerely,

for Shirley Castaneda
WALTER J. HILL, JR., MBA, EA
Chief of Audits

Shirley Castaneda
SHIRLEY CASTANEDA, Supervisor
Audits - Bay and Central Region

Enclosures

Certified Mail

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2005**

**FINDING No. 1 – EARLY AND PERIODIC SCREENING, DIAGNOSIS
TREATMENT STATE GENERAL FUND**

The attached Schedule 4 entitled "Computation of EPSDT State Share per Audit" shows \$23,535 due to the County in State General Funds (Line 12). However, the State General fund appropriation for fiscal year 04-05 has reverted which means that there are no SGF available with which to make such a payment. Following are quotes from pertinent sections of the Government Code concerning SGF appropriations, reversions and payments:

Section 16304

"An appropriation shall be available for encumbrance during the period specified therein, or, if otherwise not limited by law, for three years after the date upon which it first became available for encumbrance.
(Emphasis added)

Section 16304.1

" Upon the expiration of two years, or four years in the case of a fund made up of federal funds, following the last day of the period of its availability, the undisbursed balance in any appropriation shall revert to and become a part of the fund from which the appropriation was made. Subsequent to reversion any unpaid encumbrance against the appropriation may be paid from the current appropriations available for the same purpose.....

AUDIT AUTHORITY:

- Government Code Section 16304 and Section 16304.1

AUDITEE'S RESPONSE

The County understands the finding regarding the funds being unavailable after the three-year period according to Section 16304 cited above. However, if and when funding for past years is ever made available, the County expects the State to give notice to the County that the funds are available and all amounts due the County will be paid.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2005**

FINDING No. 2 – UNREPORTED PATIENT AND OTHER PAYOR REVENUES

Our review disclosed unreported Patient and Other Payer Revenues per the cost report MH 1968 form on lines 12 and 12A. These are the patient fees for Medi-Cal share of costs, patient insurance, Medicare, and other revenues received in providing the Medi-Cal services. There were no Inpatient-Patient and Other Payer Revenues noted in our review; however, adjustments were made to the Outpatient-Patient and Other Payer Revenues to reflect the provider's crossover revenues of \$79,862.

AUDIT AUTHORITY

- 42 Code of Federal Regulation (CFR) Sections 413.20 & 413.24
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- Fiscal Year 2004-05 Cost and Financial Reporting System (CFRS) Instruction Manual
- California Code of Regulations (CCR), Title 9, Section 640

RECOMMENDATION

We recommend that the County report any Patient and Other Payer Revenues in the SD/MC cost report. The revenues must be reported on an accrual basis. Failure to report the Patient and Other Payer Revenues overstate the provider's SD/MC Direct Service Gross Reimbursement.

AUDITEE'S RESPONSE

In subsequent years, the County has corrected the procedure for identifying and reporting Other Payer and Patient Revenues on the cost report.

FINDING No. 3 – PAYMENTS TO CONTRACT PROVIDER

The payments made to contractors were properly eliminated by the County on line 3 of the Form MH 1960 as the County's cost report identified cost information pertaining only to the County. An exception will be those contract providers who provide only Fee for service (FFS) manage care outpatient consolidation costs.

Our examination disclosed that the County reported total contract payments of \$10,297,431. This amount did not tie to County working papers furnished during our field audit in which payments for each vendor were reviewed and summarized. County's working paper was well organize and showed an itemization and separate columns for amounts posted on the general ledger, payment accrued and actual payments made to each vendor. The contract

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2005**

FINDING No. 3 continued...

payments per County's working paper were adjusted for an audited total contract payments of \$10,872,908. Thus, an audit adjustment of <\$575,477> was made.

AUDIT AUTHORITY

- 42 Code of Federal Regulation (CFR) Sections 413.20 & 413.24
- Center for Medicare and Medicaid Services (CMS) Pub. 15-1, Section 2304
- Fiscal Year 2004-05 Cost and Financial Reporting System (CFRS) Instruction Manual
- California Code of Regulations (CCR), Title 9, Section 640

RECOMMENDATION

We recommend that the County exercise due care in the preparation of the cost report. County should also maintain the manner of their tracking and recordkeeping mechanism of the contract payments. All records utilized in the preparation of the SD/MC cost report must be properly kept and readily available for review. Supporting documentation must be properly labeled and have an audit trail. This will facilitate the completion of the audit in a timely manner.

AUDITEE'S RESPONSE

The County has taken appropriate action in subsequent years to properly identify contractor payments and to identify supporting documentation to facilitate an audit trail for timely completion of future audits.

FINDING No. 4: QUALITY ASSURANCE COSTS

The County's working paper furnished during the field review did not tie to the cost report identifying total utilization review (UR) costs of \$1,188,212. However, County submitted a revised working paper for a revised total utilization review costs of \$1,111,969. The County stated the UR Cost was booked under County's general ledger, budget unit number 7701 under administration cost center.

In addition, County used time study method to identify additional quality assurance skilled professional personnel from various budget units. Based on additional documentation submitted by the County, total UR costs were corrected to total audited costs of \$1,029,789.

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
MANAGEMENT COMMENTS AND RECOMMENDATIONS
FOR FISCAL PERIOD ENDED JUNE 30, 2005**

FINDING No. 4 continued...

County's audited UR ratio of 70.12% was the Short-Doyle Medi-Cal (SD/MC) percentage used to determine the related Skilled Professional Medical Personnel (SPMP) costs and Other UR costs. The ratio was calculated using the gross cost method to allocate the Short-Doyle Medi-Cal and non Short-Doyle Medi-Cal QA/UR costs.

AUDIT AUTHORITY:

- DMH Letter 94-09
- Fiscal Year 2004-05 Cost and Financial Reporting System (CFRS) Instruction Manual
- California Code of Regulations (CCR), Title 9, Section 640

RECOMMENDATION:

We recommend that the County review the above-cited audit authorities and must ensure that all utilization review costs reported be properly supported and maintained.

AUDITEE'S RESPONSE:

The QA/UR figure was changed by the Auditors during the audit process and the County agrees with this change. Subsequently to FY 04/05, the County created a separate budget unit within the general ledger to properly identify the quality assurance costs. The County has and continues to review the above-cited authorities.

SCHEDULE 1

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF NET REIMBURSABLE MEDI-CAL PROGRAM COSTS
FISCAL YEAR ENDED JUNE 30, 2005**

		<u>As Settled</u>	<u>Audit Adjustments</u>	<u>As Audited</u>
<u>NET REIMBURSABLE MEDI-CAL PROGRAM COSTS</u>				
<u>COUNTY PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 2a)	\$ 6,783,199	\$ 111,751	\$ 6,894,950
HEALTHY FAMILIES - FFP	(Sch. 2a)	198,661	(1,926)	196,735
TOTAL FFP - COUNTY PROVIDERS		<u>\$ 6,981,860</u>	<u>\$ 109,825</u>	<u>\$ 7,091,686</u>
<u>CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP	(Sch. 3b)	\$ 2,523,591	\$ (224,828)	\$ 2,298,763
HEALTHY FAMILIES - FFP	(Sch. 3b)	1,240	0	1,240
TOTAL FFP - CONTRACT PROVIDERS		<u>\$ 2,524,831</u>	<u>\$ (224,828)</u>	<u>\$ 2,300,003</u>
<u>TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS</u>				
MEDI-CAL - FFP		\$ 9,306,790	\$ (113,077)	\$ 9,193,713
HEALTHY FAMILIES - FFP		199,901	(1,925)	197,976
TOTAL FFP - COUNTY PLUS CONTRACT PROVIDERS		<u>\$ 9,506,691</u>	<u>\$ (115,002)</u>	<u>\$ 9,391,689</u>
SUMMARY OF STATE GENERAL FUNDS				
EPSDT - SGF	(Sch 4)	<u>3,616,038</u>	<u>23,535</u>	<u>\$ 3,639,573</u>

Note: The As Settled amount includes a refund of \$23,829 to the State subsequent to the initial EPSDT settlement. (Refer to Adjustment 89.)

SCHEDULE 2

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2005**

COUNTY OPERATED FEDERAL

		As Settled	Audit Adjustments	As Audited
<u>Total Medi-Cal Gross Reimbursement</u>				
1. Inpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	\$ 0	\$ 0	\$ 0
2. Outpatient SD/MC and Crossover	(MH 1968, Ln 11, 11A)	10,235,072	362,628	10,597,700
3. Enhanced SD/MC (Children) - I/P	(MH1968, Ln 16, 16A)	0	0	0
4. Enhanced SD/MC (Children) - O/P	(MH1968, Ln 16, 16A)	41,976	(342)	41,634
5. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 22)	0	0	0
6. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 22)	0	0	0
7. Healthy Families Gross Reimbursement-I/P	(MH1968, Ln 27, 27A)	0	0	0
8. Healthy Families Gross Reimbursement-O/P	(MH1968, Ln 27, 27A)	277,673	(2,692)	274,981
9. Total		<u>\$ 10,554,721</u>	<u>\$ 359,594</u>	<u>\$ 10,914,315</u>

Less: Patient & Other Payor Revenues

10. Inpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	\$ 0	\$ 0	\$ 0
11. Outpatient SD/MC and Crossover	(MH 1968, Ln 28, 28A)	0	101,052	101,052
12. Enhanced SD/MC (Children)-I/P	(MH 1968, Ln 29)	0	0	0
13. Enhanced SD/MC (Children)-O/P	(MH 1968, Ln 29)	0	0	0
14. Enhanced SD/MC (Refugees) - I/P	(MH1968, Ln 30)	0	0	0
15. Enhanced SD/MC (Refugees) - O/P	(MH1968, Ln 30)	0	0	0
16. Healthy Families Patient Revenue-I/P	(MH 1968, Ln 31)	0	0	0
17. Healthy Families Patient Revenue-O/P	(MH 1968, Ln 31)	0	0	0
18. Total		<u>\$ 0</u>	<u>\$ 101,052</u>	<u>\$ 101,052</u>

Medi-Cal Net Reimbursement for Direct Services

19. Inpatient SD/MC (Incl Children Enhanced)	(Ln 1,3 - Ln 10,12)	\$ 0	\$ 0	\$ 0
20. Outpatient SD/MC (Incl Children Enhanced)	(Ln 2,4 - Ln 11,13)	10,277,048	261,234	10,538,282
21. Enhanced SD/MC (Refugees)-I/P	(Ln 5 - Ln 14)	0	0	0
22. Enhanced SD/MC (Refugees)-O/P	(Ln 6 - Ln 15)	0	0	0
23. Healthy Families-I/P	(Ln 7 - Ln 16)	0	0	0
24. Healthy Families-O/P	(Ln 8 - Ln 17)	277,673	(2,692)	274,981
25. Total		<u>\$ 10,554,721</u>	<u>\$ 258,542</u>	<u>\$ 10,813,263</u>

Medi-Cal MAA Reimbursement

26. Service Functions 01-09	(MH1979, Ln 11, Col. A)	\$ 0	\$ 0	\$ 0
27. Service Functions 11-19, 31-39	(MH1979, Ln 12, Col. A)	0	0	0
28. Service Functions 21-19	(MH1979, Ln 13, Col. A)	0	0	0
29. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

SCHEDULE 2a

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
SUMMARY OF MEDI-CAL PROGRAM COSTS BY MODE OF SERVICE
FISCAL YEAR ENDED JUNE 30, 2005**

COUNTY OPERATED FEDERAL

Amount Negotiated Rates Exceed Cost

		As Settled	Audit Adjustments	As Audited
30. Inpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	\$ 0	\$ 0	\$ 0
31. Outpatient SD/MC (Incl Children Enhan)	(MH 1968, Ln 38, 38A)	0	0	0
32. Enhanced SD/MC (Refugees)-I/P	(MH1968, Ln 39)	0	0	0
33. Enhanced SD/MC (Refugees)-O/P	(MH1968, Ln 39)	0	0	0
34. Healthy Families-I/P	(MH 1968, Ln 40, 40A)	0	0	0
35. Healthy Families-O/P	(MH 1968, Ln 40, 40A)	0	0	0
36. Total		<u>\$ 0</u>	<u>\$ 0</u>	<u>\$ 0</u>

Medi-Cal Administrative Reimbursement

37. Administrative Reimbursement Limit	(MH 1979, Ln 4)	\$ 2,298,358	\$ 37,333	\$ 2,335,691
38. Medi-Cal Administration	(MH 1979, Ln 5)	\$ 2,899,482	\$ 296,992	\$ 3,196,474
39. Medi-Cal Reimbursement	(Lower of Ln 37, Ln 38)	<u>\$ 2,298,358</u>	<u>\$ 37,333</u>	<u>\$ 2,335,691</u>

Healthy Families Administrative Reimbursement

40. Healthy Families Administrative Reimbursement Limit	(MH1979, Ln 8)	\$ 27,958	\$ (269)	\$ 27,689
41. Healthy Families Administration	(MH1979, Ln 9)	\$ 28,081	\$ 17,742	\$ 45,823
42. Healthy Families Administrative Reimbursement	(Lower of Ln 40, Ln 41)	<u>\$ 27,958</u>	<u>\$ (269)</u>	<u>\$ 27,689</u>

Utilization Review Reimbursement

43. Skilled Professional	(MH1979, Ln 14, Col. D)	\$ 318,794	\$ 43,902	\$ 362,696
44. Other Medi-Cal U.R.	(MH1979, Ln 15, Col. D)	<u>\$ 500,207</u>	<u>\$ (140,814)</u>	<u>\$ 359,393</u>

Net SD/MC Reimbursement - FFP

45. Direct Services	(MH1979, Ln 16,16A)	\$ 5,117,536	\$ 130,788	\$ 5,248,324
46. Enhanced (Children)	(MH1979, Ln 17,17A)	27,284	(222)	27,062
47. Enhanced (Refugees)	(MH1979, Ln 18)	0	0	0
48. MAA	(MH 1979, Ln 11, 12 & 13)	0	0	0
49. Administrative Reimbursement	(MH1979, Ln 6)	1,149,179	18,667	1,167,846
50. U.R. Skilled Professional	(MH1979, Ln 14)	239,096	32,926	272,022
51. U.R. Other	(MH1979, Ln 15)	250,104	(70,407)	179,697
52. Negotiated Rate-Payback	(MH1979, Ln 20)	0	0	0
53. Subtotal- FFP		<u>\$ 6,783,199</u>	<u>\$ 111,752</u>	<u>\$ 6,894,950</u>

54. Contract Limitation Adjustment	(MH 1979, Ln 22)	\$ 0	\$ 0	\$ 0
55. Quality Assurance Review Results	(Adj #)	0	0	0

56. Total SD/MC Reimbursement - FFP		<u>\$ 6,783,199</u>	<u>\$ 111,752</u>	<u>\$ 6,894,950</u>
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Net Healthy Families Reimbursement - FFP

57. Healthy Families Net Reimbursement	(MH1979, Ln 24,24A)	\$ 180,488	\$ (1,750)	\$ 178,738
58. Negotiated Rate Exceed Costs	(MH1979, Ln 26)	0	0	0
59. Administrative Reimbursement	(MH1979, Ln 10)	18,173	(175)	17,998
60. Total Healthy Families Reimbursement - FFP		<u>\$ 198,661</u>	<u>\$ (1,926)</u>	<u>\$ 196,735</u>

61. Total - FFP (Ln 56 + Ln 60)		<u>\$ 6,981,860</u>	<u>\$ 109,826</u>	<u>\$ 7,091,686</u>
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(To Sch. 1)

SOLANO COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity Number	Legal Entity	(1) Medi-Cal and Crossover Gross Reimb.	(2) Enhanced - Children Gross Reimb.	(3) Enhanced - Refugees Gross Reimb.	(4) Total Gross Cost (Excl. HFP)	(5) Healthy Families Gross Reimb.	(6) Medi-Cal and Crossover Gross Reimb.	(7) Enhanced - Children Gross Reimb.	(8) Enhanced - Refugees Gross Reimb.	(9) Total Gross Cost (Excl. HFP)	(10) Healthy Families Gross Reimb.
		(MH 1968, Ln 5, 5A, 10, 10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 1 to 3)	(MH 1968, Ln 27, 27A)	(MH 1968, Ln 5, 5A, 10, 10A)	(MH 1968, Ln 16, 16A)	(MH 1968, Ln 22)	(Col. 6 to 8)	(MH 1968, Ln 27, 27A)
00108	Telecare Corporation	0 \$	\$	\$	0 \$	\$	767,480 \$	0 \$	0 \$	767,480 \$	0
00113	Fred Finch Children's Home	0 \$	\$	\$	0 \$	\$	436,444 \$	0 \$	0 \$	436,444 \$	0
00115	Seneca Center	0 \$	\$	\$	0 \$	\$	853,235 \$	0 \$	0 \$	853,235 \$	644
00120	FamiliesFirst, Inc	0 \$	\$	\$	0 \$	\$	266,194 \$	0 \$	0 \$	266,194 \$	0
00147	Caminar	0 \$	\$	\$	0 \$	\$	835,356 \$	0 \$	0 \$	835,356 \$	0
00273	Edgewood Center for Children and Fami	0 \$	\$	\$	0 \$	\$	\$	0 \$	0 \$	0 \$	0
00463	Aldea	0 \$	\$	\$	0 \$	\$	320,327 \$	1,280 \$	0 \$	321,607 \$	0
00520	Youth & Family Services Inc.	0 \$	\$	\$	0 \$	\$	368,493 \$	0 \$	0 \$	368,493 \$	1,264
00689	Alliance for Community Care	0 \$	\$	\$	0 \$	\$	6,917 \$	0 \$	0 \$	6,917 \$	0
00726	Child Haven, Inc.	0 \$	\$	\$	0 \$	\$	616,971 \$	4,569 \$	0 \$	621,539 \$	0
00949	Crestwood Behav Health, Inc.	0 \$	\$	\$	0 \$	\$	281,770 \$	0 \$	0 \$	281,770 \$	0
01014	Rio Vista CARE	0 \$	\$	\$	0 \$	\$	31,141 \$	298 \$	0 \$	31,439 \$	0
01058	Dixon Family Services	0 \$	\$	\$	0 \$	\$	9,585 \$	0 \$	0 \$	9,585 \$	0
01154	Elmira NPS, LLC	0 \$	\$	\$	0 \$	\$	131,881 \$	0 \$	0 \$	131,881 \$	0
GRAND TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 4,925,795	\$ 6,147	\$ 0	\$ 4,931,942	\$ 1,908

SOLANO COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDI-CAL COST
FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity Number	Legal Entity	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)
		Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Revenue (Excl. HFP)	Healthy Families Revenue	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total Net Cost (Excl. HFP)	Net Cost Healthy Families	Total MAA FFP
		INPATIENT		OUTPATIENT		INPATIENT		OUTPATIENT		Reimbursement
		(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(MH 1968, Ln 28 to 30)	(MH 1968, Ln 31)	(Col 4-11)	(Col 5-12)	(Col 9-13)	(Col 10-14)	(MH 1979, Ln 11-13)
00108	Telecare Corporation	\$	\$	\$	\$	\$	\$	767,480 \$	0 \$	0
00113	Fred Finch Children's Home	\$	\$	\$	\$	\$	\$	436,444 \$	0 \$	0
00115	Seneca Center	\$	\$	\$	\$	\$	\$	853,235 \$	644 \$	0
00120	FamiliesFirst, Inc	\$	\$	\$	\$	\$	\$	266,194 \$	0 \$	0
00147	Caminar	\$	\$	\$	\$	\$	\$	835,356 \$	0 \$	0
00273	Edgewood Center for Children and Fa	\$	\$	\$	\$	\$	\$	0 \$	0 \$	0
00463	Aldea	\$	\$	\$	\$	\$	\$	321,607 \$	0 \$	0
00520	Youth & Family Services Inc.	\$	\$	\$	\$	\$	\$	368,493 \$	1,264 \$	0
00689	Alliance for Community Care	\$	\$	\$	\$	\$	\$	6,917 \$	0 \$	0
00726	Child Haven, Inc.	\$	\$	\$	\$	\$	\$	621,539 \$	0 \$	0
00949	Crestwood Behav Health, Inc.	\$	\$	\$	\$	\$	\$	281,770 \$	0 \$	0
01014	Rio Vista CARE	\$	\$	\$	\$	\$	\$	31,439 \$	0 \$	0
01058	Dixon Family Services	\$	\$	\$	\$	\$	\$	9,585 \$	0 \$	0
01154	Elmira NPS, LLC	\$	\$	\$	\$	\$	\$	131,881 \$	0 \$	0
GRAND TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	\$ 0	4,931,942 \$	1,908 \$	0

SOLANO COUNTY
SUMMARY OF CONTRACT PROVIDERS' MEDICAL COST
FISCAL PERIOD ENDED JUNE 30, 2005

Legal Entity Number	Legal Entity	(20) Neg. Rates Exceed Costs (Excl. HFP)	(21) Neg. Rates Exceed Costs Healthy Families	(22) Neg. Rates Exceed Costs (Excl. HFP)	(23) Neg. Rates Exceed Costs Healthy Families	(24) Total SD/MC Reimbursement (FFP)	(25) Healthy Families Reimbursement (FFP)	(26) Total Reimbursement (FFP)	(27) EPSDT FFP ADJUSTMENTS	(28) Total Adjusted FFP	(29) FFP Contract Maximum	(30) Lower of FFP or Contract Maximum
		I N P A T I E N T		O U T P A T I E N T								
		(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1968, Ln 38 to 39)	(MH 1968, Ln 40, 40A)	(MH 1979, Line 21)	(MH 1979, Ln. 27)	(Col. 24 + 25)				
00108	Telecare Corporation	\$	\$	\$	\$	\$ 383,740	\$ 0	\$ 383,740	\$	\$ 383,740	\$ 587,400	\$ 383,740
00113	Fred Finch Children's Home	\$	\$	\$	\$	\$ 218,222	\$ 0	\$ 218,222	\$	\$ 218,222	\$ 313,688	\$ 218,222
00115	Seneca Center	\$	\$	\$	\$	\$ 426,618	\$ 419	\$ 427,036	\$	\$ 427,036	\$ 469,565	\$ 427,036
00120	FamiliesFirst, Inc.	\$	\$	\$	\$	\$ 133,097	\$ 0	\$ 133,097	\$ (12,008)	\$ 121,089	\$ 469,565	\$ 121,089
00147	Caminar	\$	\$	\$	\$	\$ 417,678	\$ 0	\$ 417,678	\$	\$ 417,678	\$ 763,285	\$ 417,678
00273	Edgewood Center for Childn	\$	\$	\$	\$	\$ 0	\$ 0	\$ 0	\$	\$ 0	\$ 0	\$ 0
00463	Aldea	\$	\$	\$	\$	\$ 160,996	\$ 0	\$ 160,996	\$	\$ 160,996	\$ 168,750	\$ 160,996
00520	Youth & Family Services Inc.	\$	\$	\$	\$	\$ 184,247	\$ 822	\$ 185,068	\$	\$ 185,068	\$ 187,500	\$ 185,068
00689	Alliance for Community Care	\$	\$	\$	\$	\$ 3,459	\$ 0	\$ 3,459	\$	\$ 3,459	\$ 271,852	\$ 3,459
00726	Child Haven, Inc.	\$	\$	\$	\$	\$ 311,455	\$ 0	\$ 311,455	\$ (18,510)	\$ 292,945	\$ 155,625	\$ 155,625
00949	Crestwood Behav Health, In.	\$	\$	\$	\$	\$ 140,885	\$ 0	\$ 140,885	\$	\$ 140,885	\$ 628,125	\$ 140,885
01014	Rio Vista CARE	\$	\$	\$	\$	\$ 15,764	\$ 0	\$ 15,764	\$	\$ 15,764	\$ 16,125	\$ 15,764
01058	Dixon Family Services	\$	\$	\$	\$	\$ 4,793	\$ 0	\$ 4,793	\$	\$ 4,793	\$ 4,500	\$ 4,500
01154	Elmira NPS, LLC	\$	\$	\$	\$	\$ 65,940	\$ 0	\$ 65,940	\$	\$ 65,940	\$ 271,852	\$ 65,940
GRAND TOTAL		\$ 0	\$ 0	\$ 0	\$ 0	\$ 2,466,893	\$ 1,240	\$ 2,468,134	\$ (30,518)	\$ 2,437,616	\$ 4,307,830	\$ 2,300,003

SCHEDULE 4

**SOLANO COUNTY
COMMUNITY MENTAL HEALTH SERVICES
COMPUTATION OF EPSDT STATE SHARE PER AUDIT
FISCAL YEAR ENDED JUNE 30, 2005**

	<u>As Settled</u>	<u>Audit</u> <u>Adjustments</u>	<u>As Audited</u>
(1) SD/MC Actuals (MH 1979, Lns. 16, 16A, 17, 17A, 18) (including contractors)	\$ 15,322,386	\$ 42,973	\$ 15,365,359
(2) Total SD/MC Claims	16,304,960	(61,036)	16,243,924
(3) Percent % (Line 1/Line 2)	93.97%	0.62%	94.59%
(4) EPSDT Claims	9,205,960	(61,036)	9,144,924
(5) Actual Cost Settled EPSDT SD/MC (Line 3 X Line 4)	8,650,841	(657)	8,650,184
(5a) Children's Outpatient Managed Care Expenditure	313,384	0	313,384
(6) Cost Settled Baseline for EPSDT	1,590,265	0	1,590,265
(7) Net Cost Settlement Amount (Line 5 - Line 6)	7,060,576	(657)	7,059,919
(7a) Net Children's Outpatient (Line 5b = Line 7a)	313,384	0	313,384
(7b) Cost Settlement amount (Line 7 + Line 7a = Line 7b)	7,373,960	(657)	7,373,303
(8) 50% of Cost Settlement Amount (Line 7 x 50%)	3,686,980	(328)	3,686,652
(8a) 48.64% of net cost (8) (FY 2001 - 02 EPSDT settlement)	3,215,851	0	3,215,851
(8b) Annual Local Growth (Line 8 - Line 8a = Line 8b)	471,129	(328)	470,801
(9) County Match 10% of Local Growth (8b x 10%)	47,113	(33)	47,080
(10) Net Cost Settlement Amount (L. 8 - 9)	3,639,867	(295)	3,639,572
(11) SGF Distribution (Settled and Audited)	3,639,867	(23,829)	3,616,038
(12) SGF Due County	\$ <u>0</u>	\$ <u>23,534</u>	\$ <u>23,534</u> (To Sch. 1)

Source:

- (1) Total CFRS SD/MC actuals after final Settlement (Col. 1) and Audit (Col. 3) for Net Direct Outpatient Services (includes Mode 05 - SF's 20-94, Mode 10, and Mode 15)
- (2) Total SD/MC paid claims (total non-hospital, including PHF's) by County Submitting Claims (includes contract providers, excludes Healthy Families)
- (4) SD/MC paid claims for children under 21 years of age (full scope, non-hospital, including PHF's) including new aid codes by County of Beneficiary
- (6) Cost Settled Baseline for EPSDT for FY 2004-2005, includes increase for FFS/MC provider rate increase
- (7) Settlement amount prior to 10% match calculation (8) - (9)
- (11) SGF distribution (See DMH letter dated August 30, 2004 sent to Local Mental Health Directors)

Note: This amount may include payments not yet made but scheduled to be released as soon as funding becomes available. It may also include payments made in error in FY 06, which will be reversed in FY 06 and rescheduled for payment when funding becomes available.

- (12) Amount owed back to the state cannot be more than was paid.

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
1	MH 1960	3	C	PAYMENT TO CONTRACT PROVIDERS To adjust payments to contract providers to agree with County's records. CMS PUB. 15-1 SEC. 2304	\$ (10,297,431)	\$ (575,477)	\$ (10,872,908)
2	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust A-87 costs to agree with the formally approved Countywide Cost Allocation Plan report dated February 4, 2004 CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03	\$ 24,462,284	\$ 67,326	\$ 24,529,610 *
3	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust cultural Competence/California Endowment cost to agree with County's Records. CMS PUB. 15-1 SEC. 2304	** \$ 24,529,610	\$ (9,981)	\$ 24,519,629 *
4	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust Telecare PHF cost to agree with County's Records. CMS PUB. 15-1 SEC. 102, 104, and 108	** \$ 24,519,629	\$ (79,982)	\$ 24,439,647 *
5	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To reverse County's exclusion of MHSA Cost related to start up cost.	** \$ 24,439,647	\$ 67,175	\$ 24,506,822
6	MH 1960	8	C	ALLOWABLE COSTS FOR ALLOCATION To adjust allowable costs in conjunction with adjustment number 1.	** \$ 24,506,822	\$ (575,477)	\$ 23,931,345
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SOLANO COUNTY				Provider Number 00048	No. of Adj. 90	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED COSTS</u>			
7	MH 1960	9	C	SD/MC ADMINISTRATION	\$ 2,899,482	\$ (2,899,482)	\$ 0 *
8	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	28,081	(28,081)	0 *
9	MH 1960	11	C	NON SD/MC ADMINISTRATION	1,262,331	(1,262,331)	0 *
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	<u>\$ 4,189,894</u>		<u>\$ 4,189,894</u> *
				To eliminate the reported distribution of administrative costs. Costs will be redistributed after adjustments are made to administrative costs below.			
10	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 4,189,894	\$ 67,326	\$ 4,257,220 *
				To adjust A-87 costs to agree with the formally approved Countywide Cost Allocation Plan report dated February 4, 2004 and reflect adjustment number 2.			
				CMS PUB. 15-1 SEC. 2304, DMH Letter 90-03			
11	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** \$ 4,257,220	\$ 617,581	\$ 4,874,801 *
12	MH 1960	18	C	MODE COSTS	\$ 19,084,178	\$ (617,581)	\$ 18,466,597 *
				To reclassify administrative costs from the mode costs to proper cost finding.			
13	MH 1960	9	C	SD/MC ADMINISTRATION	** \$ 0	\$ 3,196,474	\$ 3,196,474
14	MH 1960	10	C	HEALTHY FAMILIES ADMINISTRATION	** 0	45,823	45,823
15	MH 1960	11	C	NON SD/MC ADMINISTRATION	** 0	1,632,504	1,632,504
Info.	MH 1960	12	C	TOTAL ADMINISTRATIVE COSTS	** <u>\$ 4,874,801</u>		<u>\$ 4,874,801</u>
				To reallocate total administrative costs to Medi-Cal and non-Medi-Cal based on unique client count method in accordance with County's instructions.			
				CMS PUB. 15-1 SEC. 2304			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number		No. of Adj.		Fiscal Period Ended			
SOLANO COUNTY				00048		90		June 30, 2005			
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported		Increase (Decrease)		As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.								
<u>ADJUSTMENTS TO REPORTED COSTS</u>											
16	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL		\$	318,794	\$	318,794	\$	0 *
17	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW			500,207		500,207		0 *
18	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW			369,211		369,211		0 *
Info.	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS		\$	<u>1,188,212</u>			\$	<u>1,188,212</u> *
				To eliminate the reported distribution of utilization review costs. Costs will be redistributed after adjustments are made to administrative costs below.							
19	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS		** \$	\$1,188,212	\$	(158,423)	\$	1,029,789 *
20	MH 1960	18	C	MODE COSTS		** \$	18,466,597	\$	158,423	\$	18,625,020 *
				To reclassify utilization review costs from the mode costs for proper cost finding.							
21	MH 1960	13	C	SKILLED PROFESSIONAL MEDICAL PERSONNEL		** \$	0	\$	362,696	\$	362,696
22	MH 1960	14	C	OTHER SD/MC UTILIZATION REVIEW		**	0		359,393		359,393
23	MH 1960	15	C	NON-SD/MC UTILIZATION REVIEW		**	0		307,700		307,700
Info.	MH 1960	16	C	TOTAL UTILIZATION REVIEW COSTS		** \$	<u>1,029,789</u>			\$	<u>1,029,789</u>
				To reallocate total utilization review costs to Medi-Cal and non-Medi-Cal based on unique client count.							
				CMS PUB. 15-1 SEC. 2304							
24	MH 1960	18	C	MODE COSTS		** \$	18,625,020	\$	(598,265)	\$	18,026,755
				To adjust mode costs to reflect adjustments number 1, 3, 4, and 5.							
* Balance carried forward to subsequent adjustment.											
** Balance brought forward from prior adjustment.											

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/Sch.	Line	Col.				
				<u>ADJUSTMENTS ALLOCATION OF COSTS TO MODES OF SERVICE</u>			
25	MH 1964	2	C	DAY SERVICES (MODE 10)	\$ 433,259	\$ (71,531)	\$ 361,728
26	MH 1964	3	C	OUTPATIENT SERVICE (MODE 15 Program 1)	17,847,368	(978,272)	16,869,096
Info.	TOTAL			TOTAL	<u>\$ 18,280,627</u>	<u>\$ (1,049,803)</u>	<u>\$ 17,230,824</u>
				To distribute audited Direct Services costs (Medi-Cal Modes) to Day Services and Outpatient Services using the Relative Value method based on County Publish Charge rate.			
27	MH 1964	6	C	OUTREACH SERVICES (MODE 45)	\$ 0	\$ 74,126	\$ 74,126
				To include Consumer Affairs Liaison salaries, benefits, and other costs to outreach services for proper cost finding.			
28	MH 1964	8	C	SUPPORT SERVICES (MODE 60)	\$ 772,622	\$ (81,746)	\$ 690,876
				To adjust support services costs for proper cost finding.			
29	MH 1964	2	C	DAY SERVICES (MODE 10)	\$ 433,259	\$ (71,531)	\$ 361,728
30	MH 1964	3	C	OUTPATIENT SERVICE (MODE 15 Program 1)	17,878,297	(978,272)	16,900,025
31	MH 1964	6	C	OUTREACH SERVICES (MODE 45)	0	74,126	74,126
32	MH 1964	8	C	SUPPORT SERVICES (MODE 60)	772,622	(81,746)	690,876
Info.	TOTAL			TOTAL	<u>\$ 19,084,178</u>	<u>\$ (1,057,423)</u>	<u>\$ 18,026,755</u>
				To reflect adjustment numbers 24 through 27.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
33	MH 1966A	8		TOTAL MEDI-CAL UNITS	1,002,283	30,457	1,032,740
34	MH 1966A	8		TOTAL MEDI/MEDI UNITS	26,556	87	26,643
Info.				TOTAL MEDI-CAL PLUS MEDI/MEDI	<u>1,028,839</u>	<u>30,544</u>	<u>1,059,383</u> *
35	MH 1966A	8A		TOTAL MEDI-CAL UNITS	2,705,513	37,810	2,743,323
36	MH 1966A	8A		TOTAL MEDI/MEDI UNITS	61,355	18,075	79,430
Info.				TOTAL MEDI-CAL PLUS MEDI/MEDI	<u>2,766,868</u>	<u>55,885</u>	<u>2,822,753</u> *
				To adjust the above mentioned settled units of service/time for the County operated facilities to agree with the State DMH Approved Claims Report dated March 16, 2009 (Excluding disallowed claims <29,369>). The auditor submitted work paper of County and Contract Provider which shows the detail of the above adjustments.			
37	MH 1966A	8		TOTAL MEDI-CAL PLUS MEDI/MEDI	** 1,059,383	(135)	1,059,248 *
38	MH 1966A	8A		TOTAL MEDI-CAL PLUS MEDI/MEDI	** 2,822,753	(1,616)	2,821,137 *
Info.				TOTAL	** <u>3,882,136</u>	<u>(1,751)</u>	<u>3,880,385</u> *
				To adjust the State DMH Approved Claims report dated April 16, 2008 to exclude additional disallowance units. The units were identified by the County UR Department.			
39	MH 1966A	8		TOTAL MEDI-CAL PLUS MEDI/MEDI	** 1,059,248	6,190	1,065,438 *
40	MH 1966A	8A		TOTAL MEDI-CAL PLUS MEDI/MEDI	** 2,821,137	72,918	2,894,055 *
Info.				TOTAL	** <u>3,880,385</u>	<u>79,108</u>	<u>3,959,493</u> *
				To adjust the SD/MC units of service/time to agree with the County's records and supporting documents. The auditor submitted work paper to the County which shows the details of the above adjustments.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>			
41	MH 1966A	8		TOTAL MEDI-CAL PLUS MEDI/MEDI	1,065,438	(9,904)	1,055,534 *
42	MH 1966A	8A		TOTAL MEDI-CAL PLUS MEDI/MEDI	2,894,055	(21,216)	2,872,839 *
Info.				TOTAL	3,959,493	(31,120)	3,928,373 *
				To adjust the County's records SD/MC units of service/time to exclude EPSDT disallowed claims identified by County UR Department.			
43	MH 1966A	8		TOTAL MEDI-CAL PLUS MEDI/MEDI	1,055,534	795	1,056,329 *
44	MH 1966A	8A		TOTAL MEDI-CAL PLUS MEDI/MEDI	2,872,839	(61,433)	2,811,406 *
Info.				TOTAL	3,928,373	(60,638)	3,867,735 *
				To adjust the SD/MC units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by Service Function Code. The auditor submitted work papers to the County which shows details of the above adjustments.			
45	MH 1966A	8		TOTAL MEDI-CAL UNITS	1,056,329	(26,643)	1,029,686
46	MH 1966A	8A		TOTAL MEDI-CAL UNITS	2,811,406	(79,430)	2,731,976
Info.				TOTAL	3,867,735	(106,073)	3,761,662
				To identify Medi/Medi Crossover SD/MC units of service/time.			
47	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/04-09/30/04	37,420	(105)	37,315 *
48	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/04-06/30/05	73,834	(948)	72,886 *
Info.				TOTAL	111,254	(1,053)	110,201 *
				To adjust the above mentioned settled Healthy Families units of service/time for the County operated facilities to agree with the State DMH Approved Claims Report dated March 16, 2009 (Excluding disallowed claims <1,053>). The auditor submitted work paper of County and Contract Provider which shows the detail of the above adjustments.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider SOLANO COUNTY				Provider Number 00048	No. of Adj. 90	Fiscal Period Ended June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>							
49	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/04-09/30/04	** 37,315	105	37,420 *
50	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/04-06/30/05	** 72,886	948	73,834 *
Info.				TOTAL	** 110,201	1,053	111,254 *
To adjust the Healthy Families units of service/time to agree with the County's records and supporting documents. The auditor submitted work paper to the County which shows the details of the above adjustments.							
51	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/04-09/30/04	** 37,420	(105)	37,315 *
52	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/04-06/30/05	** 73,834	(948)	72,886 *
Info.				TOTAL	** 111,254	(1,053)	110,201 *
To adjust the County's records Healthy Families units of service/time to exclude EPSDT disallowed claims to agree with State DMH Approved Claims. The State DMH Approved Claims Report dated March 16, 2009 (Excluding disallowed claims <1,053>).							
53	MH 1966A	10	TOTAL	TOTAL HEALTHY FAMILIES UNITS 07/01/03-09/30/03	** 37,315	0	37,315
54	MH 1966A	10A	TOTAL	TOTAL HEALTHY FAMILIES UNITS 10/01/03-06/30/04	** 72,886	0	72,886
Info.				TOTAL	** 110,201	0	110,201
To adjust the Healthy Families units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by Service Function Code. The auditor submitted work papers to the County which shows details of the above adjustments.							
* Balance carried forward to subsequent adjustment.							
** Balance brought forward from prior adjustment.							

AUDIT ADJUSTMENTS

Provider				Provider Number		No. of Adj.		Fiscal Period Ended			
SOLANO COUNTY				00048		90		June 30, 2005			
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS		As Reported		Increase (Decrease)		As Adjusted	
Adj. No.	Form/ Sch.	Line	Col.								
<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - COUNTY</u>											
Info. 55 Info.	MH 1966A	10	TOTAL	TOTAL ENHANCE UNITS	07/01/04-09/30/04	187	0	187	*		
	MH 1966A	10A	TOTAL	TOTAL ENHANCE UNITS	10/01/04-06/30/05	16,473	(140)	16,333	*		
				TOTAL		16,660	(140)	16,520	*		
					To adjust the above mentioned settled Enhance units of service/time for the County operated facilities to agree with the State DMH Approved Claims Report dated March 16, 2009.						
Info. Info. Info.	MH 1966A	10	TOTAL	TOTAL ENHANCE UNITS	07/01/04-09/30/04	187	0	187	*		
	MH 1966A	10A	TOTAL	TOTAL ENHANCE UNITS	10/01/04-06/30/05	16,333	0	16,333	*		
				TOTAL		16,520	0	16,520	*		
					To adjust the Enhance units of service/time to agree with the County's records and supporting documents. The auditor submitted work paper to the County which shows the details of the above adjustments.						
Info. Info. Info.	MH 1966A	10	TOTAL	TOTAL ENHANCE UNITS	07/01/04-09/30/04	187	0	187			
	MH 1966A	10A	TOTAL	TOTAL ENHANCE UNITS	10/01/04-06/30/05	16,333	0	16,333			
				TOTAL		16,520	0	16,520			
					To adjust the Enhance units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by Service Function Code. The auditor submitted work papers to the County which shows details of the above adjustments.						
* Balance carried forward to subsequent adjustment.											
** Balance brought forward from prior adjustment.											

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
56	MH 1966A	8		TOTAL MEDI-CAL UNITS	403,770	(699)	403,071 *
57	MH 1966A	8A		TOTAL MEDI-CAL UNITS	1,369,904	5,338	1,375,242 *
Info.				TOTAL	<u>1,773,674</u>	<u>4,639</u>	<u>1,778,313</u> *
				To adjust the above mentioned settled units of service/time for the Contract Providers operated facilities to agree with the State DMH Approved Claims Report dated March 16, 2009 (Excluding disallowed claims <15,552>). The auditor submitted work paper of County and Contract Provider which shows the detail of the above adjustments.			
Info.	MH 1966A	8		TOTAL MEDI-CAL UNITS	** 403,071	0	403,071 *
58	MH 1966A	8A		TOTAL MEDI-CAL UNITS	** 1,375,242	(120)	1,375,122 *
Info.				TOTAL	** <u>1,778,313</u>	<u>(120)</u>	<u>1,778,193</u> *
				To adjust the State DMH Approved Claims report dated April 16, 2008 to exclude additional disallowance units. The units were identified by the County UR Department.			
59	MH 1966A	8		TOTAL MEDI-CAL UNITS	** 403,071	2,059	405,130 *
60	MH 1966A	8A		TOTAL MEDI-CAL UNITS	** 1,375,122	7,090	1,382,212 *
Info.				TOTAL	** <u>1,778,193</u>	<u>9,149</u>	<u>1,787,342</u> *
				To adjust the SD/MC units of service/time to agree with the County's records and supporting documents. The auditor submitted work paper to the County which shows the details of the above adjustments.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC UNITS - CONTRACT PROVIDERS</u>			
61	MH 1966A	8		TOTAL MEDI-CAL UNITS	** 405,130	(1,914)	403,216 *
62	MH 1966A	8A		TOTAL MEDI-CAL UNITS	** 1,382,212	(13,811)	1,368,401 *
Info.				TOTAL	** 1,787,342	(15,725)	1,771,617 *
				To adjust the County's records to exclude EPSDT disallow units. The units were identified by the County UR Department.			
63	MH 1966A	8		TOTAL MEDI-CAL UNITS	** 403,216	(4,340)	398,876
64	MH 1966A	8A		TOTAL MEDI-CAL UNITS	** 1,368,401	(843)	1,367,558
Info.				TOTAL	** 1,771,617	(5,183)	1,766,434
				To adjust the SD/MC units of service/time to incorporate the controls of the lower of DMH approved units vs. the County's records by Service Function Code. The auditor submitted work papers to the County which shows details of the above adjustments.			
				<u>ADJUSTMENT TO PATIENT AND OTHER PAYOR REVENUES</u>			
65	MH 1968	28	TOTAL	PATIENT AND OTHER PAYOR REVENUES	\$ 0	\$ 23,657	\$ 23,657
66	MH 1968	28A	TOTAL	PATIENT AND OTHER PAYOR REVENUES	\$ 0	\$ 56,205	\$ 56,205
				To include patient and other payor revenues to agree with County records.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
67	MH 1979	2	D	CONTRACT PROVIDER MEDI-CAL DIRECT SERVICE GROSS REIMB To adjust reported Contract Provider Direct Medi-Cal Gross Reimbursement as a result of adjustments to the contract providers SD/MC units of service/time.	\$ 5,045,339	\$ (113,397)	\$ 4,931,942
68	MH 1979	16	C	SD/MC NET REIMBURSEMENT FOR DIRECT SER 07/01/04-09/30/04	3,017,944	(164,211)	2,853,733
69	MH 1979	16A	C	SD/MC NET REIMBURSEMENT FOR DIRECT SER 10/01/04-06/30/05	8,952,776	(1,309,861)	7,642,915
70	MH 1979	17	C	ENHANCED SD/MC NET REIMB. (CHILDREN) 07/01/04-09/30/04	11,331	(10,719)	612
71	MH 1979	17A	C	ENHANCED SD/MC NET REIMB. (CHILDREN) 10/01/04-06/30/05	10,815	30,208	41,023
72	MH 1979	24	C	HEALTHY FAMILIES NET REIMBURSEMENT 07/01/04-09/30/04	41,256	49,860	91,116
73	MH 1979	24A	C	HEALTHY FAMILIES NET REIMBURSEMENT 10/01/04-06/30/05	266,482	(82,617)	183,865
Info.				TOTAL	\$ 12,300,604	(1,487,341)	\$ 10,813,263
				To adjust Total Gross Cost Reimbursement to reflect the result of the adjustments made to costs and units of service/time.			
74	MH1979	23	J	TOTAL SD/MC REIMBURSEMENT - FFP - COUNTY To adjust Total SD/MC Reimbursement to reflect the results of the adjustments made to costs and units of service/time.	\$ 6,783,199	\$ 111,751	\$ 6,894,950
75	MH1979	27	J	TOTAL SD/MC REIMBURSEMENT - HEALTHY FAMILIES FFP - COUNTY To adjust Total Healthy Families Reimbursement to reflect the results of the adjustments made to costs and units of service/time.	\$ 198,661	\$ (1,926)	\$ 196,735
76	MH 1979			TOTAL SD/MC AND HEALTHY FAMILIES REIMBURSEMENT (FFP) - COUNTY To adjust SD/MC and Healthy Families in conjunction with adjustment number 77 and 78	\$ 6,981,860	\$ 109,826	\$ 7,091,686 *
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO REPORTED SD/MC SETTLEMENT</u>			
77	SCH 1			TOTAL SD/MC REIMBURSEMENT ** \$ 7,091,686 \$ 2,298,763 \$ 9,390,448 * To adjust total SD/MC reimbursement for contract providers as a result of adjustments to SD/MC units Per Final Settlement \$ 2,523,591 Adjustment (224,828) Per Audit <u>\$ 2,298,763</u>			
78	SCH 1			TOTAL SD/MC AND HEALTHY FAMILIES REIMBURSEMENT ** \$ 9,390,448 \$ 1,240 \$ 9,391,688 To adjust total Healthy Families reimbursement for contract providers as a result of adjustments to SD/MC units Per Final Settlement \$ 1,240 Adjustment 0 Per Audit <u>\$ 1,240</u>			
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
79	SCH 4	1	3	SD/MC ACTUALS \$ 15,322,386 \$ 42,973 \$ 15,365,359 To adjust SD/MC actuals as a result of adjustments to total computable Medical Costs as reflected in the MH 1979 forms for both the Count Programs and its contract providers. The amounts utilized for this purpose was SD/MC and Enhanced for Outpatient services only.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
80	SCH 4	2	3	TOTAL SD/MC CLAIMS	\$ 16,304,960	\$ (78,942)	\$ 16,226,018 *
81	SCH 4	4	3	EPSDT CLAIMS	\$ 9,205,960	\$ (78,942)	\$ 9,127,018 *
				To adjust total SD/MC claims and EPSDT claims to include the results of the Departments' audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The report covered the period from July 1, 2004 through June 30, 2005. This represents the original recoupment.			
82	SCH 4	2	3	TOTAL SD/MC CLAIMS	** \$ 16,226,018	\$ 78,942	\$ 16,304,960 *
83	SCH 4	4	3	EPSDT CLAIMS	** \$ 9,127,018	\$ 78,942	\$ 9,205,960 *
				To adjust total SD/MC claims and EPSDT claims to reverse the original recoupment included in adjustments 80 and 81 above. The revised findings affecting "Total SD/MC Claims and EPSDT Claims" will be taken in adjustments 84 and 85 below.			
84	SCH 4	2	3	TOTAL SD/MC CLAIMS	** \$ 16,304,960	\$ (61,036)	\$ 16,243,924
85	SCH 4	4	3	EPSDT CLAIMS	** \$ 9,205,960	\$ (61,036)	\$ 9,144,924
				To adjust total SD/MC claims and EPSDT claims to include the results of the Department's revised audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The report covered the period from July 1, 2004 through June 30, 2005. This represents the revised recoupment.			
86	SCH 4	10	3	NET COST SETTLEMENT AMOUNT	\$ 3,639,867	\$ (295)	\$ 3,639,572
				To adjust net cost settlement amount as a result of adjustments to SD/MC actuals (Total Computable Medical), total SD/MC claims and EPSDT claims.			
				* Balance carried forward to subsequent adjustment.			
				** Balance brought forward from prior adjustment.			

AUDIT ADJUSTMENTS

Provider				Provider Number	No. of Adj.	Fiscal Period Ended	
SOLANO COUNTY				00048	90	June 30, 2005	
Report Reference				EXPLANATION OF AUDIT ADJUSTMENTS	As Reported	Increase (Decrease)	As Adjusted
Adj. No.	Form/ Sch.	Line	Col.				
				<u>ADJUSTMENTS TO AS SETTLED EPSDT STATE GENERAL FUNDS</u>			
87	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust State General Fund Distribution to include the results of the Department's audit of the EPSDT Program conducted by the State Department of Mental Health as reflected in the report dated March 3, 2008. The report covered the period from July 1, 2004 through June 30, 2005. This represents the SGF original recoupment.	\$ 3,639,867	\$ (30,819)	\$ 3,609,048 *
88	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust State General fund Distribution to reverse the original SGF recoupment included in adjustment 87 above. The revised findings affecting "State General Fund Distribution" will be taken in adjustment 89 below.	** \$ 3,609,048	\$ 30,819	\$ 3,639,867 *
89	SCH 4	11	3	STATE GENERAL FUND DISTRIBUTION To adjust the State General Fund Distribution to reflect the results of the revised EPSDT findings included in the final reported dated March 3, 2008.	** \$ 3,639,867	\$ (23,829)	\$ 3,616,038 *
90	SCH 4		3	STATE GENERAL FUND DISTRIBUTION To adjust audited State General Funds to agree with adjustment 86 and 89. <div style="text-align: right;">Adj. 86 (\$295) Adj. 89 \$23,829 Amount Due County <u>\$23,534</u></div>	** \$ 3,616,038	\$ \$23,534	\$ 3,639,573
				* Balance carried forward to subsequent adjustment. ** Balance brought forward from prior adjustment.			

DETAIL COST REPORT

CALCULATION OF PROGRAM COSTS

MH 1960 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY
County Code: 48

Legal Entity: SOLANO COUNTY		A	B	C
Legal Entity Number: 00048		Salaries and Benefits	Other	Total Costs
1	Mental Health Expenditures	17,547,778	19,126,590	36,674,368
2	Encumbrances			
3	Less: Payments to Contract Providers (County Only)		(10,872,908)	(10,872,908)
4	Other Adjustments from MH 1962		23,168	23,168
5	Total Costs Before Medi-Cal Adjustments	17,547,778	8,276,850	25,824,628
6	Medi-Cal Adjustments from MH 1961		(1,893,283)	(1,893,283)
7	Managed Care Consolidation (County Only)			
8	Allowable Costs for Allocation			23,931,345
	Administrative Costs (County Only)			
9	SD/MC Administration			3,196,474
10	Healthy Families Administration			45,823
11	Non-SD/MC Administration			1,632,504
12	Total Administrative Costs			4,874,801
	Utilization Review Costs (County Only)			
13	Skilled Professional Medical Personnel			362,696
14	Other SD/MC Utilization Review			359,393
15	Non-SD/MC Utilization Review			307,700
16	Total Utilization Review Costs			1,029,789
17	Research and Evaluation (County Only)			
18	Mode Costs (Direct Service and MAA)			18,026,755
19	Total Costs - Lines 9 through 18			23,931,345

DETAIL COST REPORT

MEDI-CAL ADJUSTMENTS TO COSTS

MH 1961 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY
County Code: 48

Legal Entity: SOLANO COUNTY		A	B	C
Legal Entity Number: 00048		Salaries and Benefits	Other	Total Adjustments
1	Telecare CONREP Program		(530,774)	(530,774)
2	Cultural Competence/California Endowment		(176,370)	(176,370)
3	State Hospital Costs		(1,163,831)	(1,163,831)
4	Telecare PHF		(1,428)	(1,428)
5	Admin costs not included in BU 7701/7010		1,757	1,757
6				
7	Audit Adjustments			
8				
9	CULTURAL COMPETENCE/CALIFORNIA ENDOWMENT		(9,981)	(9,981)
10	TELECARE PHF		(79,982)	(79,982)
11	A-87		67,326	67,326
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		(1,893,283)	(1,893,283)

DETAIL COST REPORT

OTHER ADJUSTMENTS

MH 1962 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY
County Code: 48

Legal Entity: SOLANO COUNTY		A	B	C
Legal Entity Number: 00048		Salaries and Benefits	Other	Total Adjustments
1	Depreciation		23,168	23,168
2	MHSA		(67,175)	(67,175)
3				
4	AUDIT ADJUSTMENTS:			
5	REVERSED THE MHSA COSTS		67,175	67,175
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	Total Adjustments		23,168	23,168

DETAIL COST REPORT

PAYMENTS TO CONTRACT PROVIDERS

MH 1963 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY
County Code: 48

A	B	C	D
Item	Legal Entity Name	Legal Entity Number	Amount Paid
1	Child Haven	00726	432,023
2	Seneca CENTER	00115	1,814,013
3	Youth and Family Services	00520	406,830
4	Aldea Inc	00463	624,908
5	Dixon Family Services	01058	11,149
6	Families First	00120	577,860
7	Fred Finch	00113	682,536
8	Rio Vista Care	01014	35,948
9	Alicante School	01154	338,157
10	Victor Treatment Center	00118	152,980
11	Edgewood Center for Children	00273	84,348
12	Alliance for Community Care	00689	339,897
13	Alameda County	00001	4,754
14	Sunny Hills Children's	00457	42,532
15	True to Life Children's Center	00401	4,525
16	Telecare Strides	00108	1,094,998
17	Caminar	00147	1,615,256
18			
19	St. Helena/Adventist Health/CA Speciality Hospital	00460	27,980
20	Crestwood	00949	1,713,646
21	Mental Health Consumer Concerns	00445	147,582
22	Santa Clara Starlight	00043	55,900
23	MILHOUS	00386	96,475
24	RIVER OAK	00521	2,159
25	HERITAGE		4,796
26			
27	County of Nevada		8,875
28	Butter County		1,803
29	Woodridge Residential		6,302
30			
31	Davis Guest Home		102,237
32	Caminar (Path Grant)		37,011
33	Caminar (Housing Development)		20,352
34	Caminar (New Ventures)		45,458
35	Caminar (Circle of Friends)		339,618
36			
37			
	Total Payments to Contract Providers		10,872,908

DETAIL COST REPORT

ALLOCATION OF COSTS TO MODES OF SERVICE

MH 1964 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY
County Code: 48

Legal Entity: SOLANO COUNTY		A
Legal Entity Number: 00048		Total Costs
1	Mode Costs (Direct Service and MAA) from MH 1960	18,026,755
	Modes	
2	Hospital Inpatient Services (Mode 05-SFC 10-19)	
3	Other 24 Hour Services (Mode 05-All Other SFC)	
4	Day Services (Mode 10)	361,728
5	Outpatient Services (Mode 15 Program 1 + Program 2)	16,900,025
6	Outreach Services (Mode 45)	74,126
7	Medi-Cal Administrative Activities (Mode 55)	
8	Support Services (Mode 60)	690,876
9	Total - Lines 2 through 8	18,026,755

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY

County Code: 48

CR

Legal Entity: SOLANO COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00048			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 10 - Day Services				25					
1	Allocation Percentage		100.00%	100.00%					
2	Total Units			4,182					
3	Gross Cost		361,728	361,728					
4	Cost per Unit			86.50					
5	SMA per Unit			88.42					
6	Published Charge per Unit			88.42					
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/04 - 09/30/04		567					
8A		10/01/04 - 06/30/05		1,780					
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04							
10A		10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A		10/01/04 - 06/30/05							
12	Non-Medi-Cal Units			1,835					
13	Medi-Cal Costs	07/01/04 - 09/30/04	49,043	49,043					
13A		10/01/04 - 06/30/05	153,964	153,964					
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	50,134	50,134					
14A		10/01/04 - 06/30/05	157,388	157,388					
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	50,134	50,134					
15A		10/01/04 - 06/30/05	157,388	157,388					
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05							
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04							
17A		10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A		10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19A		10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A		10/01/04 - 06/30/05							
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
21A		10/01/04 - 06/30/05							
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
22A		10/01/04 - 06/30/05							
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A		10/01/04 - 06/30/05							
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
24A		10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29	Healthy Families Costs	07/01/04 - 09/30/04							
29A		10/01/04 - 06/30/05							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30A		10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31A		10/01/04 - 06/30/05							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04							
32A		10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs		158,721	158,721					

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY County Code: 48			CR		CR	CR	CR	CAW	CAW
Legal Entity: SOLANO COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00048			Mode Total	Service	Service	Service	Service	Service	Service
Mode: 15 - Outpatient Services (Program 1)				Function	Function	Function	Function	Function	Function
				01	10	60	70	01	10
1	Allocation Percentage		100.00%	9.45%	60.80%	19.23%	10.45%	0.01%	0.06%
2	Total Units			758,260	3,787,682	646,905	435,620	697	3,938
3	Gross Cost		16,880,025	1,594,794	10,263,639	3,246,429	1,764,234	1,318	9,610
4	Cost per Unit			2.10	2.71	5.02	4.05	1.89	2.44
5	SMA per Unit			1.89	2.44	4.51	3.63	1.89	2.44
6	Published Charge per Unit			2.15	2.29	6.39	7.26	2.15	2.29
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/04 - 09/30/04		144,570	727,449	100,693	56,407		
8A		10/01/04 - 06/30/05		460,889	1,811,957	286,656	170,694		
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04				26,643			
9A		10/01/04 - 06/30/05				79,430			
10	Enhanced SD/MC (Children) Units	07/01/04 - 09/30/04			112	75			
10A		10/01/04 - 06/30/05		1,610	13,528	720	475		
10B	Enhanced SD/MC (Refugees) Units		07/01/04 - 06/30/05						
11	Healthy Families (SED) Units	07/01/04 - 09/30/04		2,800	33,560	535	420		
11A		10/01/04 - 06/30/05		5,042	63,314	3,870	660		
12	Non-Medi-Cal Units			143,349	1,137,762	148,283	206,964	697	3,938
13	Medi-Cal Costs	07/01/04 - 09/30/04	3,009,025	304,064	1,971,199	505,318	228,445		
13A		10/01/04 - 06/30/05	8,009,145	969,355	4,909,935	1,438,555	691,300		
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04	2,707,096	273,237	1,774,976	454,125	204,757		
14A		10/01/04 - 06/30/05	7,204,693	871,080	4,421,175	1,292,819	619,619		
15	Medi-Cal Published Charges	07/01/04 - 09/30/04	3,029,627	310,826	1,665,858	643,428	409,515		
15A		10/01/04 - 06/30/05	8,211,263	990,911	4,149,382	1,831,732	1,239,238		
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05							
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04	133,705			133,705			
17A		10/01/04 - 06/30/05	398,612			398,612			
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04	120,160			120,160			
18A		10/01/04 - 06/30/05	358,229			358,229			
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04	170,249			170,249			
19A		10/01/04 - 06/30/05	507,558			507,558			
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A		10/01/04 - 06/30/05							
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04	680		303	376			
21A		10/01/04 - 06/30/05	45,581	3,386	36,657	3,613	1,924		
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04	612		273	338			
22A		10/01/04 - 06/30/05	41,023	3,043	33,008	3,247	1,724		
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04	736		256	479			
23A		10/01/04 - 06/30/05	42,490	3,462	30,979	4,601	3,449		
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
24A		10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs		07/01/04 - 06/30/05						
26	Enhanced SD/MC (Refugees) SMA Upper Limits		07/01/04 - 06/30/05						
27	Enhanced SD/MC (Refugees) Published Charges		07/01/04 - 06/30/05						
28	Enhanced SD/MC (Refugees) Negotiated Rates		07/01/04 - 06/30/05						
29	Healthy Families Costs	07/01/04 - 09/30/04	101,214	5,889	90,939	2,685	1,701		
29A		10/01/04 - 06/30/05	204,263	10,604	171,565	19,421	2,673		
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04	91,116	5,292	81,886	2,413	1,525		
30A		10/01/04 - 06/30/05	183,865	9,529	154,486	17,454	2,396		
31	Healthy Families Published Charges	07/01/04 - 09/30/04	89,340	6,020	76,852	3,419	3,049		
31A		10/01/04 - 06/30/05	185,350	10,840	144,989	24,729	4,792		
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04							
32A		10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs		4,977,800	301,496	3,083,041	744,144	838,191	1,318	9,610

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

MH 1966 (Rev. 7/05)

PAGE 1 OF 1
FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY

County Code: 48

ASO

ASO

Legal Entity: SOLANO COUNTY			A	B	C	D	E	F	G
Legal Entity Number: 00048			Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 15 - Outpatient Services (Program 2)				10	60				
1	Allocation Percentage		100.00%	50.00%	50.00%				
2	Total Units			3,624	1,953				
3	Gross Cost		20,000	10,000	10,000				
4	Cost per Unit			2.76	5.12				
5	SMA per Unit			2.44	4.51				
6	Published Charge per Unit								
7	Negotiated Rate / Cost per Unit								
8	Medi-Cal Units	07/01/04 - 09/30/04							
8A		10/01/04 - 06/30/05							
9	Medicare/Medi-Cal Crossover Units	07/01/04 - 09/30/04							
9A		10/01/04 - 06/30/05							
10	Enhanced SD/MC Units	07/01/04 - 09/30/04							
10A		10/01/04 - 06/30/05							
10B	Enhanced SD/MC (Refugees) Units	07/01/04 - 06/30/05							
11	Healthy Families (SED) Units	07/01/04 - 09/30/04							
11A		10/01/04 - 06/30/05							
12	Non-Medi-Cal Units			3,624	1,953				
13	Medi-Cal Costs	07/01/04 - 09/30/04							
13A		10/01/04 - 06/30/05							
14	Medi-Cal SMA Upper Limits	07/01/04 - 09/30/04							
14A		10/01/04 - 06/30/05							
15	Medi-Cal Published Charges	07/01/04 - 09/30/04							
15A		10/01/04 - 06/30/05							
16	Medi-Cal Negotiated Rates	07/01/04 - 09/30/04							
16A		10/01/04 - 06/30/05							
17	Medicare/Medi-Cal Crossover Costs	07/01/04 - 09/30/04							
17A		10/01/04 - 06/30/05							
18	Medicare/Medi-Cal Crossover SMA Upper Limits	07/01/04 - 09/30/04							
18A		10/01/04 - 06/30/05							
19	Medicare/Medi-Cal Crossover Published Charges	07/01/04 - 09/30/04							
19A		10/01/04 - 06/30/05							
20	Medicare/Medi-Cal Crossover Negotiated Rates	07/01/04 - 09/30/04							
20A		10/01/04 - 06/30/05							
21	Enhanced SD/MC Costs	07/01/04 - 09/30/04							
21A		10/01/04 - 06/30/05							
22	Enhanced SD/MC SMA Upper Limits	07/01/04 - 09/30/04							
22A		10/01/04 - 06/30/05							
23	Enhanced SD/MC Published Charges	07/01/04 - 09/30/04							
23A		10/01/04 - 06/30/05							
24	Enhanced SD/MC Negotiated Rates	07/01/04 - 09/30/04							
24A		10/01/04 - 06/30/05							
25	Enhanced SD/MC (Refugees) Costs	07/01/04 - 06/30/05							
26	Enhanced SD/MC (Refugees) SMA Upper Limits	07/01/04 - 06/30/05							
27	Enhanced SD/MC (Refugees) Published Charges	07/01/04 - 06/30/05							
28	Enhanced SD/MC (Refugees) Negotiated Rates	07/01/04 - 06/30/05							
29	Healthy Families Costs	07/01/04 - 09/30/04							
29A		10/01/04 - 06/30/05							
30	Healthy Families SMA Upper Limits	07/01/04 - 09/30/04							
30A		10/01/04 - 06/30/05							
31	Healthy Families Published Charges	07/01/04 - 09/30/04							
31A		10/01/04 - 06/30/05							
32	Healthy Families Negotiated Rates	07/01/04 - 09/30/04							
32A		10/01/04 - 06/30/05							
33	Non-Medi-Cal Costs		20,000	10,000	10,000				

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE
FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY

County Code: 48

CR

Legal Entity: SOLANO COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00048		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 45 - Outreach Services			20					
1	Allocation Percentage		100.00%	100.00%				
2	Total Units		1					
3	Gross Cost	74,126	74,126					
4	Cost per Unit		74,126.00					
5	Non-Medi-Cal Units		1					
6	Non-Medi-Cal Costs	74,126	74,126					

DETAIL COST REPORT

ALLOCATION OF COSTS TO SERVICE

FUNCTIONS - MODE TOTAL

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FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY
County Code: 48

CR

CR

Legal Entity: SOLANO COUNTY		A	B	C	D	E	F	G
Legal Entity Number: 00048		Mode Total	Service Function	Service Function	Service Function	Service Function	Service Function	Service Function
Mode: 60 - Support Services			60	60				
1	Allocation Percentage		100.00%	69.58%	30.42%			
2	Total Units		218,803	76,461				
3	Gross Cost	690,876	480,712	210,164				
4	Cost per Unit		2.20	2.75				
5	Non-Medi-Cal Units (Same as Line 2)		218,803	76,461				
6	Non-Medi-Cal Costs (Same as Line 3)	690,876	480,712	210,164				

DETAIL COST REPORT

DETERMINATION OF SD/MC DIRECT SERVICES AND MAA REIMBURSEMENT

MH 1968 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY County Code: 48 Legal Entity: SOLANO COUNTY Legal Entity Number: 00048			REIMBURSEMENT TYPE				PC	SMA			Costs	
			A	B	C	D	E	F	G	H	I	K
			Mode 55			Total MAA	Total Inpatient Mode 05 Hospital Inpatient Services	Mode 05 Other 24 Hour Services	Mode 10 Day Services	Mode 15 Outpatient Services Program (1)	Total Outpatient Exclude Program (2)	Total Outpatient (Col. I + Col. J)
			S. F.'s 01-09	S. F.'s 11-19, 31-39	S. F.'s 21-29						Mode 15 Outpatient Services Program (2)	
1	Medi-Cal Costs	07/01/04 - 09/30/04							49,043	3,009,025	3,058,069	3,058,069
1A		10/01/04 - 06/30/05							153,964	8,009,145	8,163,109	8,163,109
2	Medi-Cal SMA	07/01/04 - 09/30/04							50,134	2,707,096	2,757,230	2,757,230
2A		10/01/04 - 06/30/05							157,388	7,204,693	7,362,081	7,362,081
3	Medi-Cal P. C.	07/01/04 - 09/30/04							50,134	3,029,627	3,079,761	3,079,761
3A		10/01/04 - 06/30/05							157,388	8,211,263	8,368,651	8,368,651
4	Medi-Cal N. R.	07/01/04 - 09/30/04										
4A		10/01/04 - 06/30/05										
5	Medi-Cal Gross Reimbursement	07/01/04 - 09/30/04							50,134	2,707,096	2,757,230	2,757,230
5A		10/01/04 - 06/30/05							157,388	7,204,693	7,362,081	7,362,081
6	Medicare/Medi-Cal Crossover Cost	07/01/04 - 09/30/04								133,705	133,705	133,705
6A		10/01/04 - 06/30/05								398,612	398,612	398,612
7	Medicare/Medi-Cal Crossover SMA	07/01/04 - 09/30/04								120,160	120,160	120,160
7A		10/01/04 - 06/30/05								358,229	358,229	358,229
8	Medicare/Medi-Cal Crossover P. C.	07/01/04 - 09/30/04								170,249	170,249	170,249
8A		10/01/04 - 06/30/05								507,558	507,558	507,558
9	Medicare/Medi-Cal Crossover N. R.	07/01/04 - 09/30/04										
9A		10/01/04 - 06/30/05										
10	Medicare/Medi-Cal Crossover Gross Reim.	07/01/04 - 09/30/04								120,160	120,160	120,160
10A		10/01/04 - 06/30/05								358,229	358,229	358,229
11	Total SD/MC + Crossover Gross Reim.	07/01/04 - 09/30/04							50,134	2,827,256	2,877,390	2,877,390
11A		10/01/04 - 06/30/05							157,388	7,562,922	7,720,310	7,720,310
12	Enhanced SD/MC (Children) Cost	07/01/04 - 09/30/04								680	680	680
12A		10/01/04 - 06/30/05								45,581	45,581	45,581
13	Enhanced SD/MC (Children) SMA	07/01/04 - 09/30/04								812	812	812
13A		10/01/04 - 06/30/05								41,023	41,023	41,023
14	Enhanced SD/MC (Children) P. C.	07/01/04 - 09/30/04								736	736	736
14A		10/01/04 - 06/30/05								42,490	42,490	42,490
15	Enhanced SD/MC (Children) N. R.	07/01/04 - 09/30/04										
15A		10/01/04 - 06/30/05										
16	Enhanced SD/MC (Children) Gross Reim.	07/01/04 - 09/30/04								612	612	612
16A		10/01/04 - 06/30/05								41,023	41,023	41,023
17	Enhanced SD/MC (Refugees) Cost	07/01/04 - 06/30/05										
18	Enhanced SD/MC (Refugees) SMA	07/01/04 - 06/30/05										
19	Enhanced SD/MC (Refugees) P. C.	07/01/04 - 06/30/05										
20	Enhanced SD/MC (Refugees) N. R.	07/01/04 - 06/30/05										
21	Total Medi-Cal Gross Reimbursement (Excludes Refugees)	07/01/04 - 09/30/04							50,134	2,827,867	2,878,001	2,878,001
21A		10/01/04 - 06/30/05							157,388	7,603,945	7,761,333	7,761,333
22	Enhanced SD/MC (Refugees) Gross Reim.	07/01/04 - 06/30/05										
23	Healthy Families Cost	07/01/04 - 09/30/04								101,214	101,214	101,214
23A		10/01/04 - 06/30/05								204,263	204,263	204,263
24	Healthy Families SMA	07/01/04 - 09/30/04								91,116	91,116	91,116
24A		10/01/04 - 06/30/05								183,865	183,865	183,865
25	Healthy Families P. C.	07/01/04 - 09/30/04								89,340	89,340	89,340
25A		10/01/04 - 06/30/05								185,350	185,350	185,350
26	Healthy Families N. R.	07/01/04 - 09/30/04										
26A		10/01/04 - 06/30/05										
27	Healthy Families Gross Reim.	07/01/04 - 09/30/04								91,116	91,116	91,116
27A		10/01/04 - 06/30/05								183,865	183,865	183,865
28	Less: Patient and Other Payor Revenue											
28A	SD/MC + Crossover Revenue	07/01/04 - 09/30/04								23,657	23,657	23,657
28A		10/01/04 - 06/30/05								77,395	77,395	77,395
29	Enhanced SD/MC (Children) Revenue											
30	Enhanced SD/MC (Refugees) Revenue											
31	Healthy Families Revenue											
32	Total Expenditures from MAA (Mode 55)											
33	Medi-Cal Eligibility Factor (Average)											
34	Revenue - MAA											
35	Net Due - SD/MC for Direct Services	07/01/04 - 09/30/04							50,134	2,804,210	2,854,345	2,854,345
35A		10/01/04 - 06/30/05							157,388	7,526,550	7,683,938	7,683,938
36	Net Due - Enhanced SD/MC (Refugees)											
37	Net Due - Healthy Families	07/01/04 - 09/30/04								91,116	91,116	91,116
37A		10/01/04 - 06/30/05								183,865	183,865	183,865
38	Amount Negotiated Rates Exceed Costs											
38A	SD/MC (Includes Children)	07/01/04 - 09/30/04										
38A		10/01/04 - 06/30/05										
39	Enhanced SD/MC (Refugees)											
40	Healthy Families	07/01/04 - 09/30/04										
40A		10/01/04 - 06/30/05										

DETAIL COST REPORT

SD/MC PRELIMINARY DESK SETTLEMENT

MH 1979 (Rev. 7/05)

FISCAL YEAR 2004 - 2005

County: SOLANO COUNTY

County Code: 48

Legal Entity: SOLANO COUNTY		A	B	C	D	E	F	G	H	I	J
Legal Entity Number: 00048		Total MAA	Total Inpatient	Total Outpatient	Total	50.00% FFP	50.00% FFP	50.00% FFP	Variable % FFP	75.00% FFP	Total FFP
SD/MC Administrative Reimbursement (County Only)											
1	County SD/MC Direct Service Gross Reimbursement			10,639,334	10,639,334						
2	Contract Providers Medi-Cal Direct Service Gross Reimbursement			4,931,942	4,931,942						
3	Total Medi-Cal Direct Service Gross Reimbursement				15,571,276						
4	Medi-Cal Administrative Reimbursement Limit				2,335,691						
5	Medi-Cal Administration				3,196,474						
6	Medi-Cal Administrative Reimbursement				2,335,691	1,167,846					1,167,846
Healthy Families Administrative Reimbursement (County Only)											
7	County Healthy Families Direct Service Gross Reimbursement			274,981	274,981						
7A	Contract Providers Healthy Families Direct Service Gross Reim.			1,908	1,908						
7B	Total Healthy Families Direct Service Gross Reimbursement				276,889						
8	Healthy Families Administrative Reimbursement Limit				27,689						
9	Healthy Families Administration				45,823						
10	Healthy Families Administrative Reimbursement				27,689				17,998		17,998
SD/MC Net Reimbursement for MAA											
11	Medi-Cal Admin. Activities Svc Functions 01 - 09										
12	Medi-Cal Admin. Activities Svc Functions 11 - 19, 31 - 39										
13	Medi-Cal Admin. Activities Svc Functions 21 - 29 (County Only)										
14	Utilization Review-Skilled Prof. Med. Personnel (County Only)				362,696					272,022	272,022
15	Other SD/MC Utilization Review (County Only)				359,393	179,697					179,697
16	SD/MC Net Reimbursement for Direct Services			2,853,733	2,853,733		1,426,867				1,426,867
16A				7,642,915	7,642,915			3,821,457			3,821,457
17	Enhanced SD/MC Net Reimb. (Children)			612	612				397		397
17A				41,023	41,023				26,665		26,665
18	Enhanced SD/MC Net Reimb. (Refugees)										
19	Total SD/MC Reimbursement Before Excess FFP										6,894,950
20	Amount Negotiated Rates Exceed Costs - SD/MC & Enh. SD/MC										
21	Total SD/MC Reimbursement (FFP)										6,894,950
22	Contract Limitation Adjustment										
23	Adjusted Total SD/MC Reimbursement (FFP)										6,894,950
24	Healthy Families Net Reimbursement			91,116	91,116				59,225		59,225
24A				183,865	183,865				119,512		119,512
25	Total Healthy Families Reimbursement Before Excess FFP										196,735
26	Amount Negotiated Rates Exceed Costs - Healthy Families										
27	Total Healthy Families Reimbursement										196,735